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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



Ind. Application

Vendor(s): Erik Anderson and Patrick P. Naulleau

Appln. No.: 09/846,150

Confirm. No.: 6029

Filed: April 30, 2001

Title: **METHOD OF FABRICATING
REFLECTION-MODE EUV DIFFUSERS**

PATENT APPLICATION

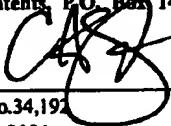
Art Unit: 2825

Examiner: Anya, Igwe U

Customer No. 23910

CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8

I hereby certify that this correspondence is being deposited in the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on July 19, 2004.


(Attorney Signature)

Charles H. Jew, Reg. No. 34,192
Signature Date: July 19, 2004

RESPONSE TO OFFICE ACTION UNDER 37 C.F.R. § 1.111

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This RESPONSE is in reply to the Office action mailed June 29, 2004.

Amendments

Please amend the above-identified application as follows:

Amendments to the Claims begin on Page 2.

Remark/Arguments begin on Page 16.

08/06/2004 TSTEPTOE 00000005 061325 09846150

01 FC:1202 18.00 DA Attorney Docket No.: EUVL-02040US0
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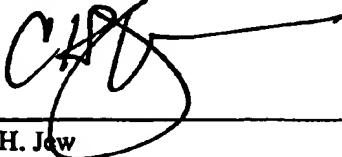
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07/19/04-12:15

✓
The Commissioner is hereby authorized to charge any deficiencies or credit overpayment to Deposit Account No. 06-1325. A duplicate copy of this authorization is enclosed.

Respectfully submitted,

Date: 7.19.04

By: _____


Charles H. Jew
Reg. No. 34,192

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Attorney Docket No.: EUVL-02040US0
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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

APPLICATION NUMBER

091846150

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS			
FOR		NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS		minus 20 =	
INDEPENDENT CLAIMS		minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT			<input type="checkbox"/>

- If the difference in column 1 is less than zero, enter "0" in column 2

7/22/04

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
		Minus	**	=	
	Total	66	Minus	34	32
	Independent	4	Minus	3	1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>	

2

SMALL ENTITY
TYPEOTHER THAN
OR SMALL ENTITY

RATE	Fee	RATE	Fee
BASIC FEE	385.00	OR BASIC FEE	770.00
X\$ 9=		OR X\$18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL		OR TOTAL	

OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	576
X43=		OR X86=	86
+145=		OR +290=	
TOTAL		OR ADDT. FEE	

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
		Minus	**	=	
	Total		Minus		
	Independent		Minus	***	*
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>	

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL		OR ADDT. FEE	

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
		Minus	**	=	
	Total		Minus	**	=
	Independent		Minus	**	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>	

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL		OR ADDT. FEE	

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.